

PUBLIC HEALTH DEPARTMENT[641]

Adopted and Filed

Pursuant to the authority of Iowa Code section 135.25, the Department of Public Health hereby amends Chapter 140, “Emergency Medical Services System Development Grants Fund,” Iowa Administrative Code.

The rules in Chapter 140 describe the process to apply for and receive the Department’s emergency medical services (EMS) system development grants. These amendments eliminate a requirement that the funds be awarded competitively, which will remove barriers that local applicants currently experience and improve the accessibility to these grants. Appropriate audit protections are taken to ensure funds are expended in an appropriate manner. The Department consulted with the state Emergency Medical Services Advisory Council, which voted in favor of recommending these amendments to the Director of Public Health.

The changes to definitions within these amendments are intended to bring Chapter 140 into compliance with EMS regulatory definitions found in other existing Department rules.

Notice of Intended Action was published in the March 20, 2013, Iowa Administrative Bulletin as **ARC 0654C**. Two comments were received, one from the service director of a local ambulance service and one from a representative of a local emergency management association. Both commenters requested the additional option of processing the funds through the local board of health. As a result, the phrase “or local boards of health” was added in the introductory paragraph of rule 641—140.4(135).

The State Board of Health adopted these amendments on May 8, 2013.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 135.25.

These amendments will become effective on July 3, 2013.

The following amendments are adopted.

ITEM 1. Rescind the definitions of “Applicant” and “Emergency medical care personnel” in rule **641—140.1(135)**.

ITEM 2. Amend the following definitions in rule **641—140.1(135)**:

“Ambulance service” means ~~any privately or publicly owned service program which utilizes ambulances in order to provide patient transportation and emergency medical services~~ ambulance service as defined in 641—132.1(147A).

“CEHs” means ~~continuing education hours which are based upon a minimum of 50 minutes of training per hour~~ CEH as defined in 641—131.1(147A).

“Continuing education” means ~~training approved by the department which is obtained by a certified emergency medical care provider to maintain, improve, or expand relevant skills and knowledge and to satisfy renewal of certification requirements~~ continuing education as defined in 641—131.1(147A).

“EMS Emergency medical care provider” means ~~an individual who has been trained to provide emergency and nonemergency medical care at the first responder, EMT-basic, EMT-intermediate, EMT-paramedic, paramedic specialist or other certification levels recognized by the department before 1984 and who has been issued a certificate by the department~~ emergency medical care provider as defined in 641—131.1(147A).

“Nontransport service” means ~~any privately or publicly owned rescue or first response service program which does not provide patient transportation (except when no ambulance is available or in a disaster situation) and utilizes only first response vehicles to provide emergency medical care at the scene of an emergency~~ nontransport service as defined in 641—132.1(147A).

“Service program” means ~~any 24-hour emergency medical care ambulance service or nontransport service that has received authorization by the department~~ service program as defined in 641—131.1(147A).

ITEM 3. Amend rule 641—140.4(135) as follows:

641—140.4(135) County EMS system development grants. Grants for EMS system development proposals at the regional, county, and local level are available through a ~~competitive selection grant~~ process from the department to county boards of supervisors or local boards of health for equipment, training, and support of infrastructure needs as identified in the countywide EMS strategic plan and the department system standards. County boards of supervisors or local boards of health may not take any administrative fee from these funds to support their work under this rule. County recipients of funds may subcontract work under this agreement to a county EMS association. Funds for training will be used to train members of a service program that provides service on a regular basis to residents of the county being funded. Funds for equipment require a \$1 match of regional, county, or local funds for each \$1 of EMS system development grant funds.

140.4(1) Eligible costs. Costs which are eligible for EMS system development grant expenditures as defined in the request for proposal (RFP) include:

a. Training.

(1) Reimbursement for initial training tuition, fees and materials up to an amount that is the lowest fee charged by the training entity following successful completion of an EMS course. Practical and written examination fees may also be included.

(2) Payment of continuing education tuition, fees and materials. Education provided by an EMS service program for the general public is an allowable expense.

(3) Payment for EMS training aids.

b. Other equipment as defined by the RFP.

c. Infrastructure support.

(1) Development and enhancement of EMS systems.

(2) Office equipment and supplies necessary to coordinate a countywide EMS system.

(3) Personnel services for staffing to provide countywide continuous quality improvement and medical direction.

The title to any EMS equipment purchased with these funds shall not lie with the department, but shall be determined by the county ~~EMS association~~.

140.4(2) No change.

[Filed 5/8/13, effective 7/3/13]

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 5/29/13.